



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of: ) Before the Examiner  
)  
Robert Toth )  
) Group Art Unit  
Serial No. 10/617,993 )  
)  
Filed July 11, 2003 )  
)  
BOWLING TOURNAMENT METHOD ) August 26, 2003

TRANSMITTAL OF DECLARATION OF INVENTOR

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

On July 11, 2003, the above-identified patent application was filed by Express Mail (Receipt No. EV331485112US) without a Declaration. Applicant transmits herewith a fully executed Declaration, along with the small entity surcharge therefore of \$65.00 (37 CFR 1.492(e)).

08/28/2003 MGE BREH1 00000017 10617993

01 FC:2051

65.00 OP

Express Mail Label No. EL984270123US

Date of Deposit August 26, 2003

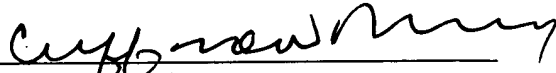
I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR §1.10 on the date indicated above and is addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

*Sheryl L. Hutchings*

Signature of person mailing paper or fee

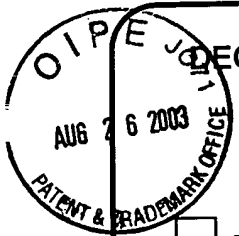
No additional fees are believed to be due, but if any additional fees are deemed required, please charge such fees to Deposit Account No. 23-3030.

Respectfully submitted

By:   
Clifford W. Browning  
Reg. No. 32,201  
Woodard, Emhardt et al. LLP  
Bank One Center/Tower  
111 Monument Circle, Suite 3700  
Indianapolis, Indiana 46204-5137  
(317) 634-3456

#236687

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.



# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

|                          |               |
|--------------------------|---------------|
| Attorney Docket Number   | 16804-3       |
| First Named Inventor     | Robert Toth   |
| <b>COMPLETE IF KNOWN</b> |               |
| Application Number       | 10/617,993    |
| Filing Date              | July 11, 2003 |
| Art Unit                 |               |
| Examiner Name            |               |

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**BOWLING TOURNAMENT METHOD**

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) **07/11/2003** as United States Application Number or PCT International

Application Number **10/617,993** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed     | Certified Copy Attached? |                          |
|-------------------------------------|---------|----------------------------------|--------------------------|--------------------------|--------------------------|
|                                     |         |                                  |                          | YES                      | NO                       |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

**DECLARATION — Utility or Design Patent Application**

|   |  |  |                           |   |                |                              |                    |
|---|--|--|---------------------------|---|----------------|------------------------------|--------------------|
| Direct all correspondence to: <input type="checkbox"/>  |  | Customer Number or Bar Code Label <input type="text"/> |                           | OR <input checked="" type="checkbox"/>  |                | Correspondence address below |                    |
| Clifford W. Browning<br>Name  |  |  |                           |   |                |                              |                    |
| Bank One Center/Tower<br>Address 111 Monument Circle, Suite 3700  |  |  |                           |   |                |                              |                    |
| Indianapolis<br>City  |  |  |                           | Indiana<br>State  |                | 46204-5137<br>ZIP            |                    |
| USA<br>Country  |  |  | 317-634-3456<br>Telephone |   |                | 317-637-7561<br>Fax          |                    |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. |  |  |                           |   |                |                              |                    |
| NAME OF SOLE OR FIRST INVENTOR :  |  |  |                           | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                |                              |                    |
| Given Name Robert<br>(first and middle [if any])  |  |  |                           | Family Name Toth<br>or Surname  |                |                              |                    |
| Inventor's Signature <i>Robert Toth</i>   |  |  |                           | Date 7/16/03  |                |                              |                    |
| Vincennes<br>Residence: City  |  |  | Indiana<br>State          |   | USA<br>Country |                              | USA<br>Citizenship |
| Mailing Address 1311 N. 13th St.  |  |  |                           |   |                |                              |                    |
| Vincennes<br>City   |  |  | Indiana<br>State          |   | 47591<br>ZIP   |                              | USA<br>Country     |
| NAME OF SECOND INVENTOR:  |  |  |                           | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                |                              |                    |
| Given Name<br>(first and middle [if any])   |  |  |                           | Family Name<br>or Surname   |                |                              |                    |
| Inv ntor's Signature  |  |  |                           | Date  |                |                              |                    |
| Residence: City   |  |  | State                     |   | Country        |                              | Citizenship        |
| Mailing Address   |  |  |                           |   |                |                              |                    |
| City  |  |  | State                     |   | ZIP            |                              | Country            |
| <input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.   |  |  |                           |   |                |                              |                    |